	11, m	
Name (print)	Office (if applicable)	District (if applicable
4837 FAST NYE AM Mailing Address (include city and zip of	ode)	Telephone No.
E-Mail Address	89704	(775) 8R2-8404
	om SXM ION V	3CAN ZS
Select Appropriate Box(es) CAN	DIDATE PAC BAG	POL PRITY IND EXP I AMENDED
Report #1 — Due	August 27, 2002	
Office with a 2-year term	n Period: Jan. 5, 2001 — Aug. 22, 2002	
Office with a 4-year term Office with a 6-year term		
BAGs only	y: Period: Dec. 7, 2000 – Aug 22, 2002	1 40 S
Report #2 Due —	October 29, 2002	
Period: Aug. 23, 200		50
Report #3 Due —	January 15, 2003	
Period: Oct. 25, 2002 — Jan	? — Jan. 3, 2003	FOR OFFICE USE ONLY
	ly: Period: Oct. 25, 2002 – Dec. 5, 2002 BALANCE	
This figure should reflect	the balance shown on your last Disposition	n of
•	eport, or last Contributions & Expenses Re	
	CONTRIBUTIONS SUMM	ARY
	oution" means a gift, loan, conveyance, deposit, pay r anything of value other than the services of a volu	ment, transfer or distribution
1. Total amount of mone	etary contributions in excess of \$100	
2. Total amount of mone	etary contributions of \$100 or less	
Actual number of mor	netary contributions of \$100 or less	
Interest and income e	earned on contributions, if any	
4. TOTAL AMOUNT OF A	ALL MONETARY CONTRIBUTIONS (add lines	1 through 3)
5. Total amount of In Kir	nd Contributions	
	EXPENSES SUMMAR	Y
6. Total amount of mone	etary expenses in excess of \$100	
7. Total amount of mone	etary expenses of \$100 or less	
8. Expense for filing fee		
9. TOTAL AMOUNT OF	ALL MONETARY EXPENSES (add lines 6	through 8)
	Remaining Balance (Subtract lin	ne 9 from 4)
10. Total amount of In K	*	
I declare under penalty of perjur	AFFIRMATION y that the foregoing is true and correct.	
Signature		Date Executed On